

Introductory Address

TO THE

COURSE OF CLINICAL LECTURES

AT

THE HOSPITAL FOR WOMEN

For the Session of 1883-84,

DELIVERED OCTOBER 11th, 1883.

BY

PROTHEROE SMITH, M.D.,

Senior Physician to the Hospital for Women, London; Consulting Physician Accoucheur to the Farringdon General Dispensary and Lying-In Charity; Corresponding Fellow of the Edinburgh Obstetrical Society; and of the Gynæcological Society of Boston, U.S.; Corresponding Member of the Imperial Academy of Medicine of Rio de Janeiro; and of the Medical Society of St. Petersburg.

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DR. PROTHEROE SMITH'S

Introductory Address, &c.

GENTLEMEN,

Having returned to town only two days ago, and having therefore had but little time to prepare, I crave your indulgence for this *impromptu* address to inaugurate the course of clinical instruction which commences here to-day. I shall, however, endeavour, as briefly as I can, to tell you the ground on which we have concluded to undertake this onerous task, as well as our reason for believing that such a course will result in abounding success to practitioners and students of this branch of the healing art, as well as in benefit to the profession and public generally. Forty-one years ago, before the establishment of The Hospital for Women, there existed no such public hospital in the world, and consequently the knowledge of uterine diseases was as faulty in diagnosis as in therapeutic methods of curing those peculiar maladies, for the more accurate study and treatment of which this hospital was then founded. These facts were proved by letters from Sir Charles Locock, Sir James Simpson, Drs. Rigby, Merriman, Conquest, Ashwell, Roots, Richard Bright, Hall Davis, Evory Kennedy, and several others, which were published in 1842. We therefore took the initiative in effecting a radical change in that department of medicine recently called gynæcology, not only by suggesting similar institutions in London and the provinces, and in various cities in Europe, America and elsewhere, but by influencing the general Metropolitan Hospitals to devote wards for

the study and treatment of diseases peculiar to women. Up to the present year The Hospital for Women alone has treated upwards of 90,000 cases, of which 7,177 were in-patients. Thus computing, in addition, all such cases in similar hospitals and wards, which have since been established throughout the civilized world, and regarding the improvement in diagnosis and treatment thus obtained, it is almost impossible either to overrate the great benefit to women, or adequately to estimate the advantages to the profession.

It is enough to know that many who have followed this speciality in practice have attained to great eminence, whilst very many lives have been thus saved which otherwise would inevitably have perished. From amongst a large number of letters I have received on this subject, I think you will be interested if I read you some extracts from a correspondent whose early and successful efforts, as a practical gynæcologist and as an accomplished operator and physician, give peculiar force to his remarks. Dr. Marion Sims, of New York, U.S., in July last, wrote to me thus :

LIMMER'S HOTEL, GEORGE STREET, HANOVER SQUARE,
July 12th, 1883.

"Dear Dr. Protheroe Smith,—You were the first to establish
"an hospital specially for the treatment of Diseases of
"Women, and the hospital at Soho Square is the mother of
"the Samaritan, the Chelsea, the Birmingham, the Sheffield,
"the Liverpool, and others of the sort throughout the king-
"dom. You began the great work of your life in 1842. In
"1845, not knowing of the existence of your hospital, I
"established one in Montgomery, Alabama, for Negro Women,
"and in this little hospital, of but twelve beds, after four
"years of incessant experiment, I worked out the problem of
"the curability of vesico-vaginal fistula, lacerated perinæum

“ and congeneric affections. This could not have been done
 “ in any other way. In 1855 I established the Women’s
 “ Hospital in New York, thinking at the time it was the first
 “ public hospital of the sort, and we so claimed it, till we
 “ found out that you antedated the Alabama Negro Hospital
 “ three years, and the New York Women’s Hospital thirteen
 “ years. The honour then of being the first in this great work
 “ belongs to you alone. The New York Women’s Hospital is
 “ the progenitor of scores of similar hospitals all over our
 “ country, just as yours is here, and they are all doing wonders
 “ for suffering women. You do not claim too much in saying
 “ that these two hospitals, by their example and success, have
 “ been largely instrumental, directly and indirectly, in ad-
 “ vancing gynæcological science in foreign lands, as well as
 “ in our respective countries. They proved that the diseases
 “ of women could be treated more successfully in special
 “ hospitals, in the hands of men who gave all their time to
 “ these affections, than in general hospitals, where the atten-
 “ tion of surgeons was given to general surgery. Without a
 “ special hospital you and I could not have done the work
 “ we have done. Without a special hospital Sir Spencer
 “ Wells could never have accomplished the great work that
 “ makes his name immortal. Without it Simpson could not
 “ have made the discoveries and contributions which were so
 “ important in the foundation of gynæcology; nor could
 “ Thomas Keith have led us all in the marvellous success that
 “ places him foremost in the list of successful ovariologists.
 “ Nor could Lawson Tait have done so much for abdominal
 “ surgery. Nor could Battey have inaugurated the great
 “ surgical revolution that hands his name down to posterity.

“ Nor could Emmet have achieved his brilliant operation for
 “ lacerated cervix—an operation that must soon take the same
 “ rank here that it does in America. It is useless to give
 “ further illustrations of the advantages of special hospitals.
 “ They could be multiplied indefinitely.

“ But while we laud special hospitals, let us not forget to
 “ whom we owe the teachings that made them necessary.
 “ While you were first in hospital organisation, Henry
 “ Bennet was the first to demonstrate the importance of
 “ physical diagnosis and the success of local treatment. We
 “ owe everything to his indomitable energy and heroic per-
 “ severance. In his early days he endured persecution of the
 “ bitterest sort, but he triumphed at last and made the way
 “ easy for us to follow. I am glad to hear you are about to
 “ wipe out the debt and enlarge the hospital. I most heartily
 “ wish you every success, and may you long live to witness
 “ the benefit daily conferred on our suffering sisters by the
 “ noble charity which owes its existence to your foresight
 “ enterprise and energy.

“ With kind regards, believe me, dear Dr. Protheroe Smith,

“ Yours most truly,

“ J. MARION SIMS.”*

* I have thought it would be interesting to the profession, whilst mourning the recent loss of Dr. Marion Sims by sudden death, to publish here *in extenso* his letter, from which I read only extracts in my address.

In another letter, I subsequently received from him, in allusion to his numerous titles and honorary distinctions, he wrote “I prize being the founder of the Women’s Hospital more than any other distinction.”

From a large number of such distinctions I select the following :—

“ Founder of and Consulting Surgeon to the Women’s Hospital of the State of New
 “ York; Ex-President of the American Medical Association; Permanent Member of the
 “ New York State Medical Society; Hon. Fellow Royal Academy of Medicine, Brussels,
 “ and of the London, Dublin, and Berlin Obstetrical Societies; Officer of the Legion
 “ of Honor, France; Commander of Orders of Spain, Portugal, and Italy, &c.”

Now, gentlemen, whilst I hope you will not imagine that in drawing your attention to these statements, I am desirous to bring myself too prominently to your notice, I am, nevertheless, anxious to speak on the subject of special hospitals, so ably alluded to in Dr. Marion Sims' letter, as I fear there still exists a prejudice against them on the part of some who are attached to, or specially interested in, general hospitals. Only recently, when conversing on this subject with one such, who is deservedly esteemed an ornament to our profession, he said, "Well, you are only mortal, after all, and if you advance the good work which you have done as a plea for public support, you should consider that 'tis the common lot of mortals to be only sent into this world to accomplish their destiny, and then to die ; and so, having done its work, your hospital should now give up its existence, and so allow the general hospitals, which have adopted your improvements, to continue unhindered by the patronage which has been diverted from them by special hospitals."

May it not, with more justice, be said, as the old general hospitals have so signally failed to yield that practical knowledge to students generally which should fit them to exchange the lecture room and "walking the hospitals" for the onerous responsibility of practice, that the special hospitals should be called upon to take their part in the prescribed curriculum of education, and to supply that practical knowledge which students of their third year, with a view to succeed in practice, are so often obliged to seek for outside their schools of medicine.

I hope, however, this opposition to specialities in practice is at last yielding to the force of common sense, since the two last appointments to the Presidency of the Royal College of Surgeons have been held by specialists, viz. : by Sir Erasmus Wilson and

Sir Spencer Wells. Still it is deplorable that so few of the medical men, annually qualified by law to practice, are taught to grapple with the numerous and serious maladies they will be called upon, by their female patients, to diagnose and treat. In this dilemma The Hospital for Women comes forward to throw open its extensive field of observation and clinical instruction to the medical profession. Not only will lectures be delivered here on special and general topics, but, by appointing clinical assistants and clerks, the work done in the wards and amongst the out-patients will supply a means, almost illimitable, for clinical instruction; and, to encourage such students in further efforts and industry, it has been proposed to offer annually, to the two best clinical assistants and clerks, gold and a silver medal.

Now, gentlemen, turning more particularly to the subject of our coming clinical instruction, I am desirous to say that whilst the female generative organs will form the staple whence we shall draw the matter to be treated of in our lectures, I am also anxious it should be clearly understood that we do not propose to regard them in an isolated point of view, but, looking to the body as a whole, we shall be able to show how all the various organs and their functions, which often yield important and distinctive features in uterine disorders, are related to and connected with the uterus and its appendages; and, on the other hand, how the latter act upon and influence the body generally and particularly inducing various sympathetic affections, mental as well as physical.

Again, as regards the possession of a practical as well as correct anatomical knowledge of these parts, even when demonstrated and described by such an accomplished anatomist as our colleague Mr. Reeves, it would be insufficient to know them only, as separated from their relation to other organs. Looking at the comparative

of the circulation and the disposition of the arteries of the viscera, the intricate distribution of their nerves (which you profitably study in the beautiful and unique dissection by the Dr. Snow Beck, which is preserved in our Museum) you will find that to endeavour to cure an uterine malady by local means would be both empirical and irrational. Although we hope to bring before you many modern aids to treatment, both medical and surgical, yet, as the uterine organs are not exempt from such influences and ailments as are common to every part of the body, it should be clearly borne in mind that the knowledge, whether anatomical, physiological, pathological or therapeutic, which is so valuable to the intelligent practitioner, suggests the fitting remedy for every part of the body when diseased, is equally efficacious in the treatment of uterine ailments. We have, therefore, to press into service helps, whether in the form of medicines, diet, nursing, general hygiene, as well as the powerful aid of surgery.

Amongst the numerous operations which occur twice a week at the Theatre, you must have noticed, gentlemen, the frequency, of craniotomy. This is one of the modern means of combating a disease which formerly was almost invariably fatal. This operation has saved thousands of lives, as it will probably save even more in the future. I operated on my first successful case in this Theatre in 1843, without anæsthetics, which were then unknown, and the patient is still alive and in good health. It was not the custom in the early days of my practice to record so constantly in medical Journals, as is now done, the instances of one's success, consequently my published cases bear no adequate relation to the operations. I must however confess that I have often regretted my inability, from want of time, to do more. I think highly commendable of Sir Spencer Wells, Dr. Keith and

other well-known authors who have so ably recorded the result of their cases, and so have proved the truth of the above statement; showing approximately that, whereas ovarian disease formerly destroyed at least 90 per cent. of its victims, ovariectomy now saves life, at the same ratio, although, within my recollection, time was when no one attempted, excepting by tapping, to meddle at all with ovarian disease. The great success attending this operation, however, has led to as great a change in medical opinion; and instead of the general apathy to everything gynaecological, this indifference has given place to the opposite extreme, and a zeal without discretion has, at times, produced the most disastrous results. Uterine examinations are too often suggested, when no necessity calls for them; and to do something for an imaginary disease or displacement, hard metallic and other unyielding pessaries are employed, with the frequent use of lunar caustic for visionary ulcerations, which occasionally lead to inflammatory and other diseases. Again, some, for stenosis, split the cervix, whilst Dr. Emmet and others adopt, on the other hand, the opposite plan of sewing it up, when a fissure occurs as the result of dystocia. Thus the knife has become more frequently of late the means employed, rather than such treatment as is suggested by right diagnosis, implying a knowledge of general disease and of all the collateral influences arising from disorder of the respiratory, the circulating, and the nervous systems which tend so often to mask the real character of female complaints, and to produce hysterical affections, at times simulating organic maladies. Thus, to observe and obey God's laws, physical as well as moral, will often lead to a clearer view of the nature of diseases in women, and their remedies.* Whilst fully admitting the claims of those who have

* I hope to treat of this subject more fully in a course of Lectures at the Hospital next Spring or Summer.

lately advocated the use, in suitable cases, of modern abdominal surgery, yet, influenced by greater experience, to follow in Nature's footsteps, and to treat the woman, as well as her disease, I hope we shall be guided to the adoption of further improvements, both in the medical and surgical treatment of these peculiar maladies, since gynæcology may be regarded as still in its infancy. And when the knife is considered to be imperative, I believe the *argumentum ad hominem* should finally decide its expediency, by the operator undertaking only such surgical measures as he would advise if the patient were his own wife or child.

It only remains to me, gentlemen, to bid you hearty welcome, and to declare that the clinical department of this Hospital is now open to all who may desire to acquaint themselves with the speciality it is so well qualified to teach.

THE LECTURES ARE DELIVERED IN THE THEATRE OF THE
HOSPITAL ON EVERY ALTERNATE THURSDAY, AT 3.30 P.M.

